Name in Full: William H. Baker.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Antietam; County: Washington

Date of death: Month: Nov; Day: 2; Year: 1904

Age: Years: 49; Months: 7; Days: 20

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Retired Farmer

Where Residing if not at place of death: Antietam

Married, Single or Widowed: Married

Name of Wife or Husband: Annie E. Baker.

Father's Name: Daniel Baker

Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving information: W. D. Baker

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid — How long: 19 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. M. Garnett.

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU AA8016

Name in Full: Alta L. Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 11 — Day: [illegible] — Years: — Months: 8 — Days: 23

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Henry Bowman — Father's Birthplace: Md.

Mother's Maiden Name: Ada Hunsberger — Mother's Birthplace: "

Name of person giving In formation: Henry Bowman — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 93

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. P. Miller

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Andrew Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: Nov — Day: 30 — Age — Years: 75 — Months: 10 — Days:

Sex: male — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Catherine Brown

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving information: Catherine Brown — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Prostate — How long: About 3 years

Immediate: Retention of Urine — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: David A. Watkins M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A99016

Name in Full: John T. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy Hook; County: Washington

Date of death 1904: Month: 11; Day: 11; Age: Years: 33; Months: "; Days: "

Sex: Male; Color or Race: Dark; Birthplace: Washington D.C

Married, Single or ~~Widowed~~: Single; Occupation: Laborer

Name of Wife or Husband:

Father's Name: John Brown; Father's Birthplace: Washington D.C

Mother's Maiden Name: Laura Brown; Mother's Birthplace: Md

Name of person giving information: James Beaver; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs; How long: 3 Years

Immediate: " ; How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. T. Fearlie

Address: Brunswick Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: David A Burns

CERTIFICATE OF DEATH

MARYLAND

Died at: Hagerstown (Town) Washington (County)

Date of death: 1904 Month: 11 Day: 22

Age: Years 42 Months Days

Sex: Male Color or Race: Colored Birthplace: Va

Occupation: Shoemaker Where Residing if not at place of death

Married, Single or Widowed: Married Name of Wife or Husband: Georgia Burns

Father's Name: Emil Burns Father's Birthplace: Ga

Mother's Maiden Name: Don't Know Mother's Birthplace: Ga

Name of person giving Information: Georgia Burns How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —

How long: —

Immediate: Heart Disease

How long: Several months

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: J. McP. Seod

HAGERSTOWN.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Glen Butler

CERTIFICATE OF DEATH

MARYLAND

Died: Near Town Dam #6 County: Washington

Date of death: 1904 Month: 11 Day: 27 Age: Years ____ Months ____ Days ____

Sex: Male Color or Race: Negro Birthplace: ____

Occupation: Laborer Where Residing if not at place of death: Dam No 6

Married, Single or Widowed: Dam No 6 Name of Wife or ____

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving Information: ____ How related to deceased: ____

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Murdered How long: ____

Immediate: ____ How long: ____

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? ____

Signature of Physician: P E Shegogue

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A88216

Name in Full: Milton L. Carnes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: Nov — Day: 7 — Year: 1904 — Age: Years: 20 — Months: 11 — Days: 26

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John E. Carnes — Father's Birthplace: Md.

Mother's Maiden Name: Ida May Swilbiss — Mother's Birthplace: "

Name of person giving Information: J. E. Carnes — How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One year

Immediate: Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. W. Ragan

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A69516

Thurmont

Name in Full: Samuel E. Charles.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Clearspring (County) Washington

Date of death: Month 11 Day 30 1904

Age: Years 23. Months ____ Days ____

Sex: Male

Color or Race: White

Birthplace: Clearspring

Occupation: Mechanic.

Where Residing if not at place of death: Clearspring

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name: Milton Charles.

Father's Birthplace: Clearspring

Mother's Maiden Name: Amanda Ebersole.

Mother's Birthplace: Va.

Name of person giving information: Father.

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Embolism (Cerebral)

How long: 8 ——

Immediate: Menings - Encephalitis

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Mason, M. D

Address: Clearspring Md

Accident or Suicide? ——

LIBRARY BUREAU A6815

CERTIFICATE OF DEATH

Name in Full: Eliza Ann Dagenhart-

Died at — Town: Rohrersville — County: Washington — State: MARYLAND

Date of death 1904 — Month: 11 — Day: 3 — Age — Years: 61 — Months: 6 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Mt-Pleasant-

Occupation: House Wife — Where Residing if not at place of death: Rohrersville Md

~~Married, Single~~ or Widowed: Widow — Name of Wife or Husband: Joseph Dagenhart-

Father's Name: John Snyder — Father's Birthplace: Dont-Know

Mother's Maiden Name: Mrs Falony — Mother's Birthplace: Mt-Pleasant-

Name of person giving In formation: Albert-R Dagenhart — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Heart Disease — How long: 15 years

Immediate: Dropsy — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nihiser

Address: Keedysville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66818

Name in Full: Thomas Delaney.

CERTIFICATE OF DEATH

MARYLAND W 62

Died at: Bakerton — Town: — County: Jefferson

Date of death 1907: Month: Dec. Day: 13 — Age: Years: 54 Months: 8 Days: 26

Sex: Male — Color or Race: White — Birthplace: Dont. Known

Occupation: Laborer — Where Residing if not at place of death: Sharpsburg Md

Married, Single or Widowed: Married — Name of Wife or Husband: Julia Delaney

Father's Name: Dont. Know — Father's Birthplace: Dont. Know

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Franklin Delaney 164 — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck with falling stone — How long: Lived about

Immediate: Fracture of base of Skull — How long: five minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Phillips M. D.

Address: Harpers Ferry W. Va.

Accident or Suicide? Accident

LIBRARY BUREAU A88316

Eugene Markes.
Undertaker.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

(59)

Registration Dist. No. 302

1 PLACE OF DEATH

County Washington WITHIN CORPORATE LIMITS OF

Village or City Hagerstown (No. Cor Randolph & Locust 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles W. Derr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH

Months & days unknown, 1857
(Month) (Day) (Year)

7 AGE

47 yrs. ..... mos. ..... ds.

If LESS than 1 day ..... hrs. or ..... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work Saloonkeeper
(b) General nature of industry business, or establishment in which employed or (employer) " "

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Emanuel Derr

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Lands

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Derr

(Address) Randolph & Locust Sts

15 Filed 11/5 1904 J W Resher Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 4, 1904
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 20 1904, to Nov 4, 1904, that I last saw h alive on Nov 4, 1904, and that death occurred on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 4 yrs. 2 mos. 2 ds.

Contributory / Secondary

(Duration) 2 yrs. 9 mos. 2 ds.

(Signed) David A. Cochrans M.D.

192.. (Address) Hagerstown Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... da.

In the State, ... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Rose Hill

DATE OF BURIAL 11/6" 1904

20 UNDERTAKER C. M. Watkins

ADDRESS Hagerstown

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Name in Full: Mary Eakle.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rohrersville — County: Wash.

Date of death: Month: 11 — Day: 6 — 1904

Age: Years: 47 — Months: 1 — Days: 26

Sex: Female — Color or Race: white — Birthplace: Fred. Co

Occupation: housewife — Where Residing if not at place of death: Rohrersville, Md.

Married, Single or Widowed — Name of Wife or Husband: William Eakle

Father's Name: Ezra Biser — Father's Birthplace: Fred. Co.

Mother's Maiden Name: not Known — Mother's Birthplace: not Known

Name of person giving information: William Eakle — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Aortic Regurgitation — How long: Lifetime

Immediate: Heart Failure — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. D. Baker. M.D.

Address: Rohrersville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Anna Louise Easterday

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sappans — County: Washington

Date of death 1904 — Month: 11 — Day: 2 — Age — Years: — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Sappans

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: David A Easterday — Father's Birthplace: Wash. Co.

Mother's Maiden Name: Elizabeth Groff — Mother's Birthplace: Wash. Co.

Name of person giving Information: Elizabeth Easterday — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: 2 mos

Immediate: Same — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Reichard

Address: Fairplay

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Infant of John A. Forsythe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Indian Spring; County: Wash.

Date of death: 1904; Month: 11; Day: 13

Age: Years: ; Months: 3; Days:

Sex: Female

Color or Race:

Birthplace:

Occupation: —

Where Residing if not at place of death: Indian Spring

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John A Forsythe

Father's Birthplace: Md

Mother's Maiden Name: Amanda Snyder

Mother's Birthplace: Md

Name of person giving In formation: John A. Forsythe

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: One week

Immediate: Exhaustion

How long: One day

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clearspring Washington Co.

~~Accident or Suicide?~~

LIBRARY BUREAU A66813

Name in Full: Monroe Frankhouser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mangansville; County: Wash-

Date of death: 1904; Month: 11; Day: 3; Age: still born; Months: —; Days: —

Sex: male; Color or Race: white; Birthplace: Mangansville

Occupation: — —; Where Residing if not at place of death: — —

Married, Single or Widowed: — —; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: D G Frankhouser; Father's Birthplace: Pa

Mother's Maiden Name: Fannie Martin S.; Mother's Birthplace: Md

Name of person giving In formation: D G Frankhouser; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — — — — —; How long: — —

Immediate: still born; How long: — —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C R Miller M.D.

Address: Mason + Dixon Pa

Accident or Suicide? — —

LIBRARY BUREAU A85515

DISCARDED
MACKINAW

Name in Full: Reuben Funkhouser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Indian Spring — County: Wash

Date of death: 1904 — Month: 11 — Day: 19

Age — Years: [illegible] — Months: [illegible] — Days: 15

Sex: Male — Color or Race: White — Birthplace: Indian Spring

Occupation: —

Where Residing if not at place of death: Indian Spring

Married, Single or Widowed

Name of Wife or Husband

Father's Name: William Funkhouser — Father's Birthplace: Md

Mother's Maiden Name: Ada Forsythe — Mother's Birthplace: Md

Name of person giving information: William Funkhouser — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long: 15 1

Immediate: Peritonitis — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. J. Mason

Address:

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Daniel Rogers Garlock

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bissell — County: Washington

Date of death: Month 11, Day 23 — Age: Years 15, Months 9, Days 24

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Student — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Garlock — Father's Birthplace: Md

Mother's Maiden Name: Laura Rogers — Mother's Birthplace: Md

Name of person giving Information: Daniel Garlock — How related to deceased: Father

CAUSES OF DEATH

Primary: Pneumonia. — How long: 1 week

Immediate: Heart Failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C R Schuller

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Annie Agatha Garrett — 225 — CERTIFICATE OF DEATH

Died at: Near Hf — County: Washington — MARYLAND

Date of death: Month: Nov — Day: 10 — Years: 19 — Months: 7 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Was Co Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo. W. Garrett — Father's Birthplace: Was Co Md

Mother's Maiden Name: Sallie Mc. Fowler — Mother's Birthplace: Berkly Co W Va

Name of person giving Information: Geo W Garrett — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Was run over by wagon - 166 — How long: —

Immediate: Killed instantly — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S Richardson

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A65516

J F K

Name in Full: Mrs. Mary E Geiger

CERTIFICATE OF DEATH

MARYLAND

Died or was Town: Hagerstown County: Washington

Date of death: Month Nov. Day 3 1904

Age: Years 57 Months 1 Days 6

Sex: female Color or Race: white Birthplace: Md.

Occupation: H. W. Where Residing if not at place of death:

Married, Single or Widowed: widow Name of Husband: Philip S. Geiger

Father's Name: Thomas E. Tucker Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Hardy Mother's Birthplace: "

Name of person giving In formation: Mrs H. K. Recher How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mg elitis 13 How long

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. G. Mansfield M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary Margaret Gold

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Bellevue Asylum (County) Washington

Date of death: Month 1904 Nov. Day 25 Years Age 60 Months — Days —

Sex: female Color or Race: white Birthplace: Md.

Occupation: [redacted] Where Residing if not at place of death: Hagerstown Md.

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: John Gold Father's Birthplace: Md.

Mother's Maiden Name: Christiana Shafer Mother's Birthplace: "

Name of person giving In formation: John Gold Jr. How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Diarrhoea How long

Immediate: Exhaustion How long 10 6

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Morrison

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A888 16

Name in Full: Millie Grey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bikroud — County: Washington

Date of death 190 4 — Month: Nov[illegible] — Day: 15

Age — Years: 100.[illegible] — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md.

Married, Single or Widowed: Widow — Occupation: H.W.

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long —

Immediate: Found dead in bed. — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnon

Address: Hagerstown Md

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: Evaline Halcomb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Smithsburg; County: Washington

Date of death 190X: Month: 11; Day: 26; Age: Years: 2; Months: 5; Days:

Sex: Female; Color or Race: Black; Birthplace: Kentucky

Occupation: None; Where Residing if not at place of death: Near Smithsburg

[illegible], Single or [illegible]; Name of Wife or Husband: Mag Jackson

Father's Name: J. W. Halcomb; Father's Birthplace: Kentucky

Mother's Maiden Name: Mag Jackson; Mother's Birthplace: Smithsburg

Name of person giving information: Fanny Waltz; How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Tisich; How long: Two Weeks

Immediate: Pneumonia; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. B. Hoover, Undertaker

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ruth Ellen Hammaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Beaver Creek. County: Washington.

Date of death 1904: Month: Nov. Day: 2

Age: Years: 4 Months: — Days: 12

Sex: Female. Color or Race: white. Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George W. Hammaker — Father's Birthplace: Hagerstown

Mother's Maiden Name: Lovah E. Pickerle. — Mother's Birthplace: Maryland

Name of person giving information: Father. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spasms — How long: 4 Hours

Immediate: Heart Failure — How long: 1/2 Hour

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: D. W. Getzendanner

Address: Beaver Creek Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sue P. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Funkstown; County: Washing[illegible]

Date of death	Month	Day	Years	Months	Days
1904	11	15	Age	4	15

Sex: Female | Color or Race: White | Birthplace: near Funkstown

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C L Hammond | Father's Birthplace: Wash Co

Mother's Maiden Name: Mary Summers | Mother's Birthplace: " "

Name of person giving Information: C L Hammond | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition | How long: six weeks

Immediate: general exhaustion | How long: three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F D McCurdy

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles W. Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Nov. Day: 6 1904

Age: Years: 44 Months: Days:

Sex: male

Color or Race: White

Birthplace: Md.

Occupation: Retired Banker

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Jacob F. Hoffman

Father's Birthplace: Md.

Mother's Maiden Name: Mary McE. Cauley

Mother's Birthplace: "

Name of person giving Information: Ernest Hoffman

How related to deceased: brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemorrhage from brain

How long: Several days

Immediate:

How long: Several days

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

Signature of Physician:

Address:

Chas. B. Boyle M.D.

Hagerstown Md.

LIBRARY BUREAU A86016

Name in Full: Clarance F. Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smithsburg — County: Washington

Date of death 1904 — Month: Nov. — Day: 23 — Years: 10 — Months: 3 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Smithsburg

Occupation: — Where Residing if not at place of death: —

Married, Single- or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin F. Hoffman — Father's Birthplace: Smithsburg

Mother's Maiden Name: Emma A. Buckler — Mother's Birthplace: Hagerstown

Name of person giving In formation: — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: one day

Immediate: Diphtheritic croup — How long: one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Wishard

Address: Leitersburg, Md.

Accident or Suicide? —

LIBRARY BUREAU A888 16

Form

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

George Milton Hamburt

Died at Town: Pittsburg — ~~County~~: Penna, ~~MARYLAND~~

Date of death 1904 Month: Nov. Day: 3 — Age: Years 27 Months 1 Days 7

Sex: Male — Color or Race: White — Birthplace: Ind.

Occupation: Laborer — Where Residing if not at place of death: Ind.

~~Married, Single or Widowed~~: Married — Name of Wife or ~~Husband~~: Laina Parr.

Father's Name: Wm H. Hamburt — Father's Birthplace: Ind.

Mother's Maiden Name: Amanda Rohrbaugh — Mother's Birthplace: Ind.

Name of person giving information: Wm H. Hamburt — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 10 days

Immediate: Hemorrages — How long: ~~undertaken~~

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: John H. Clinc

Address: Pittsburg Pa.

Accident or Suicide?

LIBRARY BUREAU A59810

Name in Full: John Hyland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring — County: Washington

Date of death: Month: [illegible] — Day: 12th — Years: 52 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cleveland

Occupation: Laborer — Where Residing if not at place of death: Dam # 6

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: J. B. Hatter — How related to deceased: 179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Causes unknown — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Edmund Steiner

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Samuel Jamison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Antietam; County: Washington

Date of death: Month: Nov; Day: 28; 1904.

Age: Years: 65; Months: 2; Days: 11

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death: Antietam

Married, Single or Widowed: Widowed

Name of Wife or Husband:

Father's Name: John Jamison.

Father's Birthplace: Maryland

Mother's Maiden Name: Jane Tonneyhill

Mother's Birthplace: "

Name of person giving information: Mrs John Casey

How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long:

Immediate: Paralysis

How long: About 36 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. Howell Boonton

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Eugene Marker
Undertaker

Name in Full: Geo D Eailer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 11 — Day: 17

Age — Years: 39 — Months: 6 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Hotel Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Minnie (Butler) Eailer

Father's Name: Thomas Eailor — Father's Birthplace: Md

Mother's Maiden Name: Mary Witmer — Mother's Birthplace: Md

Name of person giving In formation: Minnie Eaylor — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Lob ar Pneumonia — How long: 1 2 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A McCauley

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Annie M La Mar

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Lappans — (County): Washington

Date of death: Month 11 — Day 26 — Years 16 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Marine La Mar — Father's Birthplace: Md

Mother's Maiden Name: Annie M Snyder — Mother's Birthplace: Md

Name of person giving information: Marine LaMar — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of brain — How long: 3 mons

Immediate: Edema of lungs — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C J Maginnis

Address: Funkstown Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Charles Albert McCauley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highfield; County: Washington

Date of death: 1904 Month: Nov. Day: 25

Age: Years: 30 Months: 4 Days: 16

Sex: Male

Color or Race: White

Birthplace:

Occupation: Railroad Workman

Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Christian D. McCauley

Father's Birthplace: Adams Co Pa

Mother's Maiden Name: Amy J Moore

Mother's Birthplace: Frederick Co. Md

Name of person giving In formation: Christian D. McCauley

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever

How long: Ten days

Immediate: Intestinal hemorrhage

How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Wachter M. D.

Address: Sabillasville Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Reginal Markell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rogers town — County: Washington

Date of death: Month: 11 — Day: 2 — Years: — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: MARYLAND.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm C. Markell — Father's Birthplace: Md

Mother's Maiden Name: Lottie M. Powers — Mother's Birthplace: Md

Name of person giving Information: Wm Markell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 6 d

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O. P. Kempfer

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: James N Remsburg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Augusta — County: Washington

Date of death: 1904 — Month: 11 — Day: 26 — Age: Years 70 — Months 9 — Days 27

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death: Augusta

Married, ~~Single~~ or Widowed — Name of Wife or Husband:

Father's Name: Isaac Remsburg — Father's Birthplace:

Mother's Maiden Name: Sarah — Mother's Birthplace:

Name of person giving Imformation: D. H. Martin — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Heart Disease — How long: 5 years

Immediate: Dropsy — How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nihiser

Address: Keedysville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88918

Name in Full: Walter Edward Ruth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highfield — County: Washington

Date of death: Month: Nov — Day: 22nd — 1904

Age: Years: — Months: — Days: 18

Sex: Male — Color or Race: White — Birthplace: Highfield

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles F. Ruth — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Bertha Leyth — Mother's Birthplace: Luray Va

Name of person giving information: Chas. F. Ruth — How related to deceased: Father

CAUSES OF DEATH

Primary: Primary Birth — How long:

Immediate: Inflamation of bowels — How long: 3 or 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician: C. L. Wachter

Address: Sabillasville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Bruce Henderson Charles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 11; Day: 7

Age: Years: 25; Months: 6; Days: 25

Sex: Male

Color or Race: White

Birthplace: U. S. A.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: James W. Charles

Father's Birthplace: Pa

Mother's Maiden Name: Martha J. Bard

Mother's Birthplace: Pa

Name of person giving Information:

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 11 weeks

Immediate: Exhaustion — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Monson

Address: Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU A86916

Name in Full — Certificate of Death

Abraham Smith

Died at Town: Samples — County: Washington — MARYLAND

Date 1904 Month: Nov. Day: 5 — Y. M. D. — Age — Native of — Occupation: Mary Farmer

Male / Female — White / Colored — Married / Single — Widowed / Widower — Divorced — Number of children living

Husband / Wife of: Sahra Smith

Father's Name — Mother's Name

Cause of Death — Primary: Old age — How long sick

Immediate: Heart trouble with dropsy — Accident, Suicide, Homicide

Reported by: F. M. Phillips M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full: James Edgar Stonebraker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash

Date of death 1904 — Month: Nov — Day: 2 — Age: Years 27 — Months 9 — Days 16

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Photographer — Where Residing if not at place of death: Richmond, Va

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. F. Stonebraker — Father's Birthplace: Va.

Mother's Maiden Name: Chancellor. — Mother's Birthplace: "

Name of person giving information: J. F. Stonebraker — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Tuberculosis — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. H. Keller

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88516

Richmond Va

Name in Full: Frances Wade

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Lydia (County) Washington

Date of death 1904 Month 11 Day 26 Age Years 70 Months — Days —

Sex Female Color or Race Colored Birthplace Washington Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Wm. D. Wade

Father's Name Thomas Adley Father's Birthplace Wash. Co.

Mother's Maiden Name Miss Bell Mother's Birthplace Unknown

Name of person giving Information Wm. D. Wade How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Phthisis How long 6 mos.

Immediate Sudden heart failure How long ?

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Reichard

Address Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Julia An Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: Nov; Day: 7; Years: Age 79; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Sharpsburg

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Julia An Ward

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Julia An Putman

Mother's Birthplace:

Name of person giving Imformation: Alfred Highargen

How related to deceased: Son Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility & old age — How long:

Immediate: From injuries from a fall — How long: More than a year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Howell Landman

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A66516

H E Goove

Name in Full: John Wiles

CERTIFICATE OF DEATH

MARYLAND

Died: near Hagerstown — Town: Hagerstown — County: Washington

Date of death 1904 — Month: Nov. — Day: 8 — Age: Years 71 — Months 2 — Days 1

Sex: male — Color or Race: white — Birthplace: Penna

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Wiles — Father's Birthplace: Penna

Mother's Maiden Name: Rachel Hoffner — Mother's Birthplace: "

Name of person giving In formation: Geo. Middlekauff — How related to deceased: nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident. — How long: 2½ hrs.

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C R Schnerr

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Kate Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Washington

Date of death: 1904 — Month: Nov — Day: 9 — Age — Years: 78 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death: Boonsboro

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Wilson — Father's Birthplace: Maryland

Mother's Maiden Name: Katherine Beatty — Mother's Birthplace: Virginia

Name of person giving Information: John Wilson — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 66

Immediate: Hemorrhage — How long: 11 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: John H Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 11; Day: 2

Age: Years: 45; Months: 9; Days: 21

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mary A. Wright

Father's Name: Wm Wright; Father's Birthplace: Md

Mother's Maiden Name: Minnie Reed; Mother's Birthplace: —

Name of person giving Information: Mrs Wright; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis; How long: One Year (?)

Immediate: Uraemic Convulsions with Exhaustion; How long: Two days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D M Wagaman M.D.

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A99616

HAGERSTOWN